Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

OMB No 1545-0047 Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2012 calendar year, or tax year beginning and ending Check if D Employer identification number C Name of organization LABORERS' POLITICAL ACTION & EDUCATION LEAGUE Name change 91-2064912 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-999 MCCLINTOCK 300 630-655-8289 Amended City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-BURR RIDGE, IL 60527 H(a) Is this a group return pending F Name and address of principal officer. CHARLES V LOVERDE III for affiliates? Yes SAME AS C ABOVE H(b) Are all affiliates included? Yes Tax-exempt status: 501(c)(3) (insert no.) 4947(a)(1) or X 527 501(c)(If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number Corporation X Trust Association Other > L Year of formation: 2000 M State of legal domicile: IL K Form of organization: Part I Summary Briefly describe the organization's mission or most significant activities: TO SUPPORT POLITICAL CANDIDATES Governance FOR STATE AND LOCAL OFFICES WHO PROMOTE THE INTERESTS OF ORGANIZED Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 569,703 969,927. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 0 98. 118. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,250 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,800. 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 572,051 974,845. Grants and similar amounts paid (Part XX column (A), lines 1·3)

Benefits paid to or for members (Part XX, column (A), line 4)

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)

Professional fundraging factor (Part IX) Column (A), line 11e) 843,120. 624,180. 0. 0. 0. 0. 0 0. b Total fundraising expenses (Part IX, column (D), line (25) 4,930 Other expenses (Part IX_column (A), lines [1a11d, 11] 24e) 1,845. 18 Total expenses. Add lines 1317 must equal Part IX, column (A), line 25) 844,965. 629,110 129,880. 19 Revenue less expenses. Subtract line 18 from line 12 <57,059.b **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 118,931. 248,811 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 118. 248.811 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is etue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Zign Sign Signature of officer Here CHARLES V LOVERDE III, COMMITTEE MEMBER Type or print name and title Print/Type preparer's name Preparer's signature Paid CRAIG RESCH CRAIG RESCH P00844633 Firm's name LEGACY PROFESSIONALS LLP Preparer Firm's EIN 32-0043599 Use Only Firm's address 311 S. WACKER DRIVE, STE. CHICAGO, IL 60606 312-368-0500

X Yes No

Form **990** (2012)

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	1990 (2012) LEAGUE	91-2064912 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Bnefly describe the organization's mission:	
-	POLITICAL ORGANIZATION	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as	magazirad by avpaneas
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, and
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$	CES WHO PROMOTE
	THE INTERESTS OF ORGANIZED LABOR AND TO OPPOSE THOSE WHO	
	THE INTERESTS OF ORGANIZED DABOK AND TO OFFODE THOSE WILC	<u> </u>
		
		
		<u></u>
4b	(Code) (Expenses \$) (Revenue	e\$)
4c	(Code) (Expenses \$) (Revenue	e\$)
		· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses	
		Form 990 (2012)

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Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
·	dunng the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	1	x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			-
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
J	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-	\vdash	
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		
••	as applicable	ĺ		
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI			х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			Х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
٠	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44-		х
٨	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	444		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		1
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	امما	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	A	
120	Schedule D, Parts XI and XII	40-		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
Ü	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	40.		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13		$\frac{X}{X}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	445		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	امدا		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	\dashv	
.0	1c and 8a? If "Yes," complete Schedule G, Part II	ا ۾		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
	complete Schedule G, Part III	ا ۵۰		х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		$\frac{\Lambda}{X}$
	If "Yes" to line 20a, did the organization attach a copy of its guidted financial statements to this return?	20a		<u>~</u>

Form 990 (2012)

Part IV | Checklist of Required Schedules (continued)

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	· · · · · · · · · · · · · · · · · · ·			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ŀ		1
	any tax-exempt bonds?	24c		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	l		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			}
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	l		х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.5
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O	38 	990 (2012
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LABORERS' POLITICAL ACTION & EDUCATION LEAGUE Form 990 (2012) LEAGUE

Part V Statements Regarding Other IRS Filings and Tax Compliance

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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	L	1.00	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	5		ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		İ
	(gambling) winnings to prize winners?	1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return]		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u></u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country.			İ
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
Va	any contributions that were not tax deductible as charitable contributions?	6a		х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
_	were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	_ 		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		··	!
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			<u>_</u>
a b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b	-	
10	Section 501(c)(7) organizations. Enter:	90		
a	Initiation fees and capital contributions included on Part VIII, line 12			ı İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			, ,
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		1
	amounts due or received from them.)	<u>. </u>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			, ,
	organization is licensed to issue qualified health plans		ļ	, {
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year? If "You " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schooling O.	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b Form	gan	(2012)
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Form 990 (2012) '

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI							
Sec	tion A. Governing Body and Management					,		
			_		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		1	İ			
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ļ	_					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		2				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X		
6	6 Did the organization have members or stockholders?							
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?			7a		X		
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?			7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ır by th	e following:					
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b		X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napter	s, affılıates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х			
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You	es," de	escribe					
	ın Schedule O how this was done			12c		X		
13	Did the organization have a written whistleblower policy?			13		Х		
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approva	ıl by ın	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official			15a		X		
b	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	nth a					
	taxable entity during the year?			16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	า'ร					
Sac	exempt status with respect to such arrangements? tion C. Disclosure			16b				
17	List the states with which a copy of this Form 990 is required to be filed NONE							
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	/Coot	on E01(a)(2)a entri					
18	for public inspection. Indicate how you made these available. Check all that apply	(Secti	on son(c)(s)s only) :	avaliaD	ıe			
	Own website Another's website X Upon request Other (explain	ın Soh	pedule (1)					
19			•	d 6	ana!			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co statements available to the public during the tax year	mict (or interest policy, an	u iinar	icial			
20								
	CHARLES V. LOVERDE III - 630-655-8289	ia reco	and of the organiza	uon: 🏴				
	999 MCCLINTOCK STE 300, BURR RIDGE, IL 60527		-					
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons.

Check this box if neither the organization in	or any related	orga	aniza	tion	COI	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	rtion more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week	-	Jeran	lo a u	II GCIC	Ji / u us	1	from	from related	other
	(list any	ecto						the	organizations	compensation
	hours for	5 5	 **			ated		organization	(W-2/1099-MISC)	from the
	related	ıstee	truste		<u>.</u>	pens		(W-2/1099-MISC)		organization
	organizations below	la T	onal		ploye	15 8 15 8 15 8 15 8 15 8 15 8 15 8 15 8	ĺ			and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES CONNOLLY	0.50								202 650	101 001
COMMITTEE MEMBER	40.00	X						0.	323,659.	131,821.
(2) MICHAEL LAZZARETTO	0.50						İ			
COMMITTEE MEMBER - PAST	1.00	Х			L_	L	<u> </u>	0.	1,000.	520.
(3) CHARLES V. LOVERDE III	0.50							_		
COMMITTEE MEMBER	40.00	X			<u> </u>			0.	321,681.	131,821.
(4) LIBERATO NAIMOLI	0.50									4 - 6 0
COMMITTEE MEMBER	1.00	X			<u> </u>	_	L	0.	6,000.	1,560.
(5) LOUIS PHILLIPS	0.50	٠,,						0.	22 600	C 12C
COMMITTEE MEMBER	1.00	Λ			┝	⊢	┝	0.	23,600.	6,136.
(6) ANTONIO CASTRO COMMITTEE MEMBER	1.00	х						٥.	20,000.	5,200.
COMMITTES MEMBER	1.00	<u>^</u>				├	├	0.	20,000.	3,200.
						-	<u> </u>			
									_	
					<u> </u>	-	_			
				-						
	l									

232007 12-10-12

Form 990 (2012) LEAGUE							_		91	-2064	912	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continue	d)			
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe id a d	rtion more rson i	than is boti	h an	(D) Reportable compensation from	(E) Report compens from rel	able sation	am	(F) timate lount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organıza (W-2/1099		fro orga and	pensa om th anizat I relat nizati	e ion ed
1b Sub-total						▶		0.	695	,940.	277	7,0	58.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)						>		0.		0. ,940.	277	7,0	0. 58.
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wr	io r	eceived more than \$100		rtable	$\overline{}$	Yes	No.
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st	uch individual			•	•	•					3		х
 For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a 	0,000? If "Yes,	" coi	mple	ete S	che	dule	J 1	for such individual	_		4	X	***
rendered to the organization? If "Yes," com Section B. Independent Contractors	•				-						5		X
Complete this table for your five highest countries the organization. Report compensation for the organization.	•	•							•	compens	ation fr	om	
(A) Name and business	address	NC	NE	<u> </u>				(B) Description of s	ervices	C	(C) ompen		n
				<u> </u>			\downarrow						
							$\frac{1}{1}$						_
		<u>-</u>			_		\dashv						
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to	thos ባ		ted	d above) who received m	ore than	Ì			

Form 990 (2012) '

LEAGUE

Pa	rt VI	III Statement of Revei	nue					
		Check if Schedule O cont	ains a response	to any question				
;					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	1 () () () () () () () () () (similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f 1	969,927. Business Code	969,927.			
Other Revenue	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties		>	118.			
	7 a		(i) Real	(ii) Personal				
	8 8	c Gain or (loss) d Net gain or (loss) a Gross income from fundraising including \$ contributions reported on line Part IV, line 18 b Less, direct expenses	of	>				
	9 a	C Net income or (loss) from fund a Gross income from gaming and Part IV, line 19 b Less: direct expenses c Net income or (loss) from game a Gross sales of inventory, less	tivities. See a b ing activities	>				
		and allowances Less cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	a b s of inventory e	Business Code 900099	4,800.			
	11 a	All other revenue		200033	4,800.			
	12	Total revenue. See instructions.		!	974,845.			
232009	12_	Total levenue. See mstructions.			214,043.			Form 990 (2012)

Form 990 (2012) LEAGUE

Part IX	Statement of	of Functional	Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a respon		is Part IX					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and							
	organizations in the United States. See Part IV, line 21	843,120.						
2	Grants and other assistance to individuals in				1			
	the United States. See Part IV, line 22			<u></u>				
3	Grants and other assistance to governments,							
	organizations, and individuals outside the							
	United States. See Part IV, lines 15 and 16		*					
4	Benefits paid to or for members				<u> </u>			
5	Compensation of current officers, directors,							
	trustees, and key employees							
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)			<u> </u>				
7	Other salaries and wages							
8	Pension plan accruals and contributions (include							
_	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits Payroll taxes			: 				
10 11	Fees for services (non-employees):							
''	Management							
b	Legal	·						
c	Accounting	1,500.						
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
9	Other (If line 11g amount exceeds 10% of line 25,							
	column (A) amount, list line 11g expenses on Sch O.)							
12	Advertising and promotion							
13	Office expenses	336.						
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization		· · · · · · · · · · · · · · · · · · ·					
23	Insurance							
24	Other expenses. Itemize expenses not covered							
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)							
	amount, list line 24e expenses on Schedule O.)							
а	INCOME TAXES	9.						
b								
С								
d								
	All other expenses	044 065						
25	Total functional expenses. Add lines 1 through 24e	844,965.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.			;				
	Check here If following SOP 98-2 (ASC 958-720)							
	ii tollowilly 30F 30*2 (A30 338-720)							

232010 12-10-12

91-2064912 Page 11 **LEAGUE** Form 990 (2012) ' Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 1 248,811. 118,931. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets, See Part IV, line 11 118,931 248,811. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 118,931. 248,811. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30

> 248,811. Form 990 (2012)

248,811.

31

32

33

34

118,931.

118,931.

31

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2012)

За

3b

X

Act and OMB Circular A-133?

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organization LABOREF	ations: Complete Part III.	TTON & EDUCA	TTON E	mplo	yer identification number
	LEAGUE		11011 & 12001	-		91-2064912
Pa		ganization is exempt un	der section 501(c	or is a section 52	7 or	
1	Provide a description of the organi	 	<u> </u>	in Part IV.		
2	Political expenditures			,	▶\$_	843,120.
3	Volunteer hours				-	· ·
Pá	art I-B Complete if the or	ganization is exempt un	der section 501(c)(3).		
1	Enter the amount of any excise tax	incurred by the organization u	nder section 4955	•	▶ \$	
2	Enter the amount of any excise tax	incurred by organization mana	gers under section 495	5	> \$_	
3	If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this year?			Yes No
4 a	Was a correction made?					Yes No
	If "Yes," describe in Part IV.					
Pa	art I-C Complete if the or	ganization is exempt un	der section 501(c), except section 5	01(c	:)(3).
1	Enter the amount directly expende	d by the filing organization for s	section 527 exempt fund	ction activities	▶\$_	
2	Enter the amount of the filing organ	nization's funds contributed to	other organizations for s	section 527		
	exempt function activities			•	▶\$_	
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here	and on Form 1120-PO			
	line 17b			•	▶\$_	
4	Did the filing organization file Form	1120-POL for this year?				Yes No
5	Enter the names, addresses and e made payments. For each organiza contributions received that were political action committee (PAC). If	ation listed, enter the amount paromptly and directly delivered to	aid from the filing organ o a separate political org	ization's funds Also ente ganization, such as a sep	er the	amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid froi filing organization's funds. If none, enter	s	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
_						· -

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

LHA

Schedule C (Form 990 or 990-EZ) 2012 Part II-A Complete if the org	LEAGUE ganization	ı is exe	mpt under secti	on 501(c)(3) and fil	91- led Form 5768	2064912 Page 2
(election under sec			•			
A Check ► if the filing organiza	ation belongs	to an aff	iliated group (and list	ın Part IV each affiliated	group member's na	me, address, EIN,
expenses, and sha	are of excess	lobbying	expenditures).			
B Check ▶ ☐ If the filing organiza	ation checked	d box A a	nd "limited control" p	rovisions apply.		
	its on Lobby		enditures unts paid or incurred	i.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence public	- ODIDION	(grass roots lobbying)			
b Total lobbying expenditures to infl	-	•				
c Total lobbying expenditures (add	•		dy (direct lobbyling)			†
d Other exempt purpose expenditures		10)				
e Total exempt purpose expenditure		1c and 1	d)			
• • • •	•		•	ath agumna		
f Lobbying nontaxable amount. Ent						+
Not over \$500,000	01 (0) 18.		bying nontaxable ar			
			the amount on line 1			1
Over \$500,000 but not over \$1,00			00 plus 15% of the ex			, , ,
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000]
Over \$1,500,000 but not over \$17	,000,000		00 plus 5% of the exc	ess over \$1,500,000.		-
Over \$17,000,000		\$1,000,	000.			
	. 050/ (1					
g Grassroots nontaxable amount (er		•				
h Subtract line 1g from line 1a If zei				}		
i Subtract line 1f from line 1c. If zero	-					
j If there is an amount other than ze		line 1h or	line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this						Yes No
	zations that i	made a s		r Section 501(h) on do not have to comp es 2a through 2f on pa		
	Lobbyi	ing Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	09	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Graceroote labburg expenditures						

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 LEAGUE

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)		
of th	e lobbying activity.	Yes	No	Amo	ount	
1	Dunng the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?					
b c d e f	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?					
2a b c	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? TIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4)	ion 501(c)(5), or s	ection		
	501(c)(6).					
	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		R (b) Pai		ne 3, is	
5 Pai	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information splete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, F	cess political	2a 2b 2c 3	list); Part II	-A, line 2;	
	Part II-B, line 1. Also, complete this part for any additional information. RT I-A, LINE 1:					
	NTRIBUTIONS ARE PROVIDED TO POLITICAL CANDIDATES FOR					
	OSE WHO DO NOT.	AND I	O OFFC			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

LABORERS' POLITICAL ACTION & EDUCATION

Employer identification number 91 – 2064912

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
			7 to Complete it the
	organization answered "Yes" to Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
	The land of the same	(a) boner autres rands	(L) · Linus and other Localities
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's		Yes L No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	
Do	mpermissible private benefit?		YesNo_
Pai			7, ine 7.
1	Purpose(s) of conservation easements held by the organizat		alli, and a standard land
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certified	nistoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Hold at the End of the Tay Vees
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
Þ	Total acreage restricted by conservation easements	k k - d - d (-)	2b
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	1
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
_	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	· ———
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(n)(4)	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	·
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the d	rganization's accounting for
Par	conservation easements t III Organizations Maintaining Collections o	f Art. Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" to Form	-	
12	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art
	historical treasures, or other similar assets held for public ext	·	
	the text of the footnote to its financial statements that descri		public service, provide, arr are xill,
b	If the organization elected, as permitted under SFAS 116 (AS		halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		· ·
	relating to these items:	addation, or research in furtherance of public s	orvice, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial coin	
_	the following amounts required to be reported under SFAS 1	•	i, provide
а	Revenues included in Form 990, Part VIII, line 1	To y 300 000) foliating to those items.	▶ \$
	Assets included in Form 990, Part X		\$ \$
-	, leader monaged in Ferri doo, Fait A		F *

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

232051 12-10-12

$\overline{}$	dule D (Form 990) 2012 LEAGUE								64912	
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	<u> rical Tr</u>	easures, o	r Othe	<u>r Simil</u>	ar Asse	ts(continue	∌d)
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	any of the	following that	t are a siç	gnıficant	use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	c	ı 🗀 Lo	oan or exc	hange progra	ms				
ь	Scholarly research	e	• 🗀 o	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how the	y further tl	he organizatio	on's exen	npt purp	ose ın Par	t XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of	the organiz	zation's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the o	rganizatio	n answered "	Yes" to F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for co	ontribution	s or other ass	sets not i	ncluded			
	on Form 990, Part X?		·						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tal	ble:						
	, ,	·	Ū						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f		•	
2a	Did the organization include an amount on Fo	orm 990. Part X. line	217						Yes	No
	If "Yes," explain the arrangement in Part XIII			has been	provided in F	art XIII				
Par).			
	· · ·	(a) Current year	(b) Prio		(c) Two years			ears back	(e) Four ye	ars back
1a	Beginning of year balance					1				
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balanc	ce (line 1a.	column (a	i)) held as:					
а	Board designated or quasi-endowment	•	%	`						
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	 %								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posse	•	ation that	are held a	nd administer	ed for th	e organi	zation		
	by:	3					J		Y	es No
	(i) unrelated organizations								3a(i)	\top
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedu	le R?					3b	
4	Describe in Part XIII the intended uses of the	•								
Par										
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book v	alue
		basis (investr	ment)	basis ((other)	dep	reciation		•	
1a	Land									
b	Buildings		Ì							
С	Leasehold improvements									
d	Equipment									
е	Other									
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column	(B), line 1	O(c))					0.

Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	(b) Book value		ation Cost or end-of-year market va	alue
(1) Financial derivatives		 		
(2) Closely-held equity interests		-		
(3) Other	- <u>-</u> -			
(A)				
(B)				
(C)				
(D)		-		
(E)		· · · · · · · · · · · · · · · · · · ·		
(F)				
(G)	-, <u>-</u>	 		
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Se	e Form 990 Part X line	13		
(a) Description of investment type	(b) Book value		ation: Cost or end-of-year market va	alue
(1)	. ,			
(1)		<u> </u>		
(3)				
(4)				
(5)		 		
(6)		 	•	
(7)	• **			
(8)		-		
(9)		-		
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 13.	15			
· · · · · · · · · · · · · · · · · · ·	Description		(b) Book vale	ue
(1)			(2), 250, 10	
(2)				
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)				
(6)				
(7)				_
(8)				
(9)				
(10)	• •			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)			
Part X Other Liabilities. See Form 990, Part X, In				
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)		-· 		
(5)				
(6)				
			•	
(7)				
(8)				
(9)				
(10)	-			
(11) Takel (Column (h) must equal Form 900, Part V, eq. (P) line	25.1			
Total. (Column (b) must equal Form 990, Part X, col (B) line 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text				

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

Schedule D (Fornf 990) 2012

Sche	edule D (Form 990) 2012 LEAGUE				2064912	Page 4
Par	rt XI Reconciliation of Revenue per Audited	Financial Statemen	ts With Revenue per R	eturi	n	
1	Total revenue, gains, and other support per audited finance	cial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII					
а	Net unrealized gains on investments		2a			
b	Donated services and use of facilities		2b			
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII)	,	2d			
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not	on line 1:	_			
а	Investment expenses not included on Form 990, Part VIII,	line 7b	4a			
b	61 45 1 5 13/113		4b			
	Add lines 4a and 4b	_		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form	990, Part I, line 12)		5		
Pai	rt XII Reconciliation of Expenses per Audite	d Financial Statemer	nts With Expenses per	Retu	ırn	
1	Total expenses and losses per audited financial statement			1		
2	Amounts included on line 1 but not on Form 990, Part IX,					
а	Donated services and use of facilities		2a			
b	Pnor year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII.)		2d			
e	Add lines 2a through 2d	•		2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not of	n line 1:				
а		1	4a			
	Other (Describe in Part XIII.)		4b			
	Add lines 4a and 4b	•		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form	n 990, Part I, line 18)		5		
	rt XIII Supplemental Information					
	plete this part to provide the descriptions required for Part	II. lines 3, 5, and 9; Part III.	lines 1a and 4, Part IV, lines 1	b and	2b, Part V, line 4	; Part
	ne 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b.					
	RT X, LINE 2: THE ORGANIZATION					
ORC	GANIZATION EXEMPT FROM INCOME	TAX. THE ORGA	ANIZATION'S RET	URN	IS SUBJ	ECT
ΤO	EXAMINATION BY THE INTERNAL R	EVENUE SERVICE	E UNTIL THE APP	LIC.	ABLE	
ST	ATUTE OF LIMITATION EXPIRES.					
						_
				-		
			-			
				Sched	dule D (Form 99	0) 2012

SCHEDULE	ı
(Form 990)	

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 Name of the organization LABORERS' POLITICAL ACTION & EDUCATION

Employer identification number

LEAGUE							91-2064912
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grant	s or assistance, the	grantees' eligibili	y for the grants or ass	sistance, and the selec	
criteria used to award the grants or assi-	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Governments and	f Organizations in th	ie United States. C	complete if the org	anızatıon answered "	es" to Form 990, Part	IV, line 21, for any
recipient that received more than	5,000 Part II can	be duplicated if addr	tional space is need	ded	· · · · · · · · · · · · · · · · · · ·	,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
DEMOCRATIC MAJORITY 1201 S, VETERANS PARKWAY, STE C							
SPRINGFIELD, IL 62704	27-4393152		50,000.	0.			POLITICAL CONTRIBUTIONS
CITIZENS FOR LISA MADIGAN 500 N DEARBORN, SUITE 510 CHICAGO, IL 60610	36-4186901		25,000.	0.			POLITICAL CONTRIBUTIONS
DEMOCRATIC PARTY OF ILLINOIS PO BOX 518 SPRINGPIELD, IL 62705	36-4073402		50,000.	ο.			POLITICAL CONTRIBUTIONS
CITIZENS FOR DEE BEAUBIEN 600 HART RD., SUITE 265 BARRINGTON, IL 60010			20,000.	0.			POLITICAL CONTRIBUTIONS
CITIZENS FOR ELAINE NEKRITZ 1926 NORTH WAUKEGAN RD., \$310 GLENVIEW, IL 60025	01-0581143		30,000.	0.			POLITICAL CONTRIBUTIONS
CITIZENS FOR FRED CRESPO 1042 E. SCHAUMBURG RD STREAMWOOD, IL 60107		-	15,000.	0.			POLITICAL CONTRIBUTIONS
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	he line 1 table			······	>
3 Enter total number of other organization	s listed in the line 1	table					•

91-2064912 Schedule I (Form 990) LEAGUE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) Page 1 (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant (a) Name and address of (b) EIN valuation (book, FMV, appraisal, other) if applicable cash grant non-cash organization or government assistance CHICAGO BUILDING TRADES PAC 150 N WACKER DR STE 1850 CHICAGO, IL 60606 36-3204151 10,425 0. POLITICAL CONTRIBUTIONS LIUNA POLITICAL EDUCATION FUND 905 16TH STREET NW 52-2257725 12,000 0 POLITICAL CONTRIBUTIONS WASHINGTON, DC 20006 FRIENDS OF MICHAEL J. MADIGAN COMMITTEE - 6500 S. PULASKI RD. 2ND FLOOR - CHICAGO, IL 60629 36-3418024 50,000 0. POLITICAL CONTRIBUTIONS FRIENDS FOR SAVIANO 14 CONTI PKY ELMWOOD PARK, IL 60707 36-4278040 28,500 POLITICAL CONTRIBUTIONS CITIZENS FOR JOHN CULLERTON 29 S. LASALLE, SUITE 936 CHICAGO, IL 60603 36-3091417 25,000 0 POLITICAL CONTRIBUTIONS CITIZENS FOR NOLAND P.O. BOX 1025 ELGIN, IL 60121 37-1419480 5,250 0. POLITICAL CONTRIBUTIONS DAN KOTOWSKI FOR STATE SENATE P.O. BOX 141 PARK RIDGE, IL 60068 20-2397769 11,500 0 POLITICAL CONTRIBUTIONS FRIENDS FOR KATE CLOONEN 343 S. KENNEDY DRIVE BRADLEY, IL 60915 45-3929432 10,000 0 POLITICAL CONTRIBUTIONS FRIENDS FOR LARRY WALSH JR. P O. BOX 69 ELWOOD, IL 60421 45-5481875 16,500 POLITICAL CONTRIBUTIONS

LABORERS' POLITICAL ACTION & EDUCATION 91-2064912 LEAGUE Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant non-cash assistance valuation (book, FMV, organization or government if applicable cash grant non-cash assistance or assistance appraisal, other) FRIENDS FOR MARTY MOYLAN P.O. BOX 204 DES PLAINES, IL 60016 45-5211558 41,000 POLITICAL CONTRIBUTIONS FRIENDS FOR MICHELLE MUSSMAN 217 TUDOR LANE SCHAUMBURG, IL 60193 80-0481753 20,000 0, POLITICAL CONTRIBUTIONS FRIENDS OF CAROL SENTE 680 BARCLAY BLVD. LINCOLNSHIRE, IL 60069 20,000 0 POLITICAL CONTRIBUTIONS FRIENDS OF DEBORAH CONROY 385 N, HIGHLAND AVE. ELMHURST, IL 60126 42,500 0 POLITICAL CONTRIBUTIONS FRIENDS OF FRAN HURLEY 3215 W 111TH ST. CHICAGO, IL 60655 45-3745754 12,000 POTLITICAL CONTRIBUTIONS FRIENDS OF LAURA FINE 3716 DEMPSTER SKOKIE, IL 60076 15,000 0 POLITICAL CONTRIBUTIONS FRIENDS OF NATALIE MANLEY 3107 INGALLS AVE., #3A JOLIET, IL 60435 45-3745754 20,500 0 POLITICAL CONTRIBUTIONS FRIENDS OF SCOTT DRURY 1910 FIRST STREET, SUITE 1S HIGHLAND PARK, IL 60035 10,000 POLITICAL CONTRIBUTIONS FRIENDS OF STEPHANIE KIFOWIT P.O. BOX 1414 AURORA, IL 60507 04-3732460 31,220

POLITICAL CONTRIBUTIONS
Schedule I (Form 990)

232241 05-01-12

Schedule I (Form 990) LEAGUE	' POLITICA	L ACTION &	EDUCATION			c	01-2064912 Page 1
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nızatıons in the U	nited States (Sch	edule I (Form 990), Pa		01-2064912 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF TOM CULLERTON P.O. BOX 1414 AURORA, IL 60507	46-0591458		10,500.	0.			POLITICAL CONTRIBUTIONS
JULIE MORRISON FOR SENATE P.O. BOX 646 DEERFIELD, IL 60015	45-2874570		5,500.	0.			POLITICAL CONTRIBUTIONS
SENATE DEMOCRATIC VICTORY FUND 528 SOUTH 5TH STREET, SUITE 201 SPRINGFIELD, IL 62701	26-3309861		50,000.	0.			POLITICAL CONTRIBUTIONS
CITIZENS FOR JESSE WHITE P.O. BOX 64326 CHICAGO, IL 60664	36-4189461		10,000.	0.			POLITICAL CONTRIBUTIONS

Schedule I (Form 990) (2012) LEAGUE	IICAL ACI	TON & EDUC	ATTON		91-2064912 Page 2
Part III Grants and Other Assistance to Individuals in the Ui Part III can be duplicated if additional space is needed	nited States. Con	nplete if the organiz	ation answered "Yes	to Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance
	-				
Part IV Supplemental Information Complete this part to prov	ide the informatio	n required in Part I,	line 2, Part III, colum	n (b), and any other additional in	Iformation
SCHEDULE I, PART I, LINE 2: THE GO	OVERNING	BODY CAREF	ULLY REVIE	WS ALL	***************************************
REQUESTS FOR DONATIONS PRIOR TO THE	HEIR APPR	OVAL AND I	ISBURSEMEN	T. ALL	
DONATIONS ARE ISSUED FOR THE GENE	RAL USE O	F THE DONE	E AND THE	GOVERNING	
BODY PERFORMS NO SUBSEQUENT MONITO	ORING OF	THE USE OF	THE DONAT	ION. ANY	
APPLICABLE RECORDS REGARDING DISBU	JRSEMENT	OF FUNDS A	RE MAINTAI	NED AT THE	
OFFICE OF THE ORGANIZATION.					
					······································
THE ORGANIZATION HAS ATTEMPTED NUM	MEROUS TI	MES TO OBT	AIN THE MI	SSING	
INFORMATION NECESSARY TO COMPLETE	PART II		E I. OUR	ATTEMPTS	
232102 12 18 12		28			Schedule I (Form 990) (2012)

Schedu	le I (Form'9	90) · LEAGU	E					91-206491	2 Page 2
Part I	V Sup	90) · LEAGU Diemental Information							
HAVE	BEEN	UNSUCCESSFUL.	· 						
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SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

Internal Revenue Service Name of the organization

LABORERS' POLITICAL ACTION & EDUCATION **LEAGUE**

OMB No 1545-0047

Open to Public Inspection **Employer identification number**

91-2064912

Pi	art I Questions Regarding Compensation			
_			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		}	
	First-class or charter travel Housing allowance or residence for personal use	ĺ		•
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	ŀ		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	Dunng the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			İ
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		,	1
				ĺ
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			1
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the revenues of			
	The organization?	5a		<u> </u>
b	Any related organization?	5b		
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	-		-
	contingent on the net earnings of:		<u> </u>	
a	The organization?	6a		
b	Any related organization?	6b		—
_	If "Yes" to line 6a or 6b, describe in Part III.			ļ
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			l
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		
LH/	A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule	J (Forn	n 9901	2012

LEAGUE

91-2064912

Page 2

Schedule J (Form 990) 2012 LEAGUE 91-2064912

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	W 2 and/or 1099 MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compensation (B)(i) (D) reported as deferred		
(A) Name and Title		(i) Base compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	compensation	Denems	(B)(i) (D)	in prior Form 990	
(1) JAMES CONNOLLY	(0)	0.	0.	0.	0.	0.	0.	0.	
COMMITTEE MEMBER	(0)	304,200.	0.	19,459.	105,371.	26,450.	455,480.	0.	
(2) CHARLES V. LOVERDE III	(1)	0.	0.	0.	0.	0.	0.	0.	
COMMITTEE MEMBER	(0)	304,200.	0.	17,481.	105,371.	26,450.	453,502.	0.	
	(1)								
	(n)							l	
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Schedule J (Form 990) 2012 LEAGUE	91-2064912	Page 3
Part III Supplemental Information		
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for additional information	Part II Also complete this part for a	any
PART I, LINE 4B: CONTRIBUTIONS TO SEVERANCE PLAN:		
CHARLES V LOVERDE III \$ 5,850		
JAMES CONNOLLY \$ 5,850		
	····	
	-·	
		_

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

LABORERS' POLITICAL ACTION & EDUCATION

Employer identification number 91 – 2064912

LEAGUE	91-2064912
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
LABOR AND TO OPPOSE THOSE WHO DO NOT.	
FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION	DOES NOT HAVE ANY
COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERN	ING BODY.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990	IS PROVIDED TO
ALL THE COMMITTEE MEMBERS (TRUSTEES) FOR THEIR THROUGH R	EVIEW AND APPROVAL
BEFORE THE TAX FORM IS FILED.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION I	MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINA	ANCIAL STATEMENTS
AVAILABLE UPON REQUEST.	
SCHEDULE I, PART II	•
THE EIN FOR THE FRIENDS OF LAURA FINE HAS BEEN OMITTED AS	S THE
ORGANIZATION IS REGISTERED AS A SOLE PROPRIETOR USING A S	SOCIAL SECURITY
NUMBER.	
	·

SCHEDULE R
(Form 990)
Department of the Treasury

OMB No 1545-0047
2012
Open to Public Inspection

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, Inne 33, 34, 35, 36, or 37.

Attach to Form 990

See separate instructions.

LABORERS ' POLITICAL ACTION & EDUCATION Internal Revenue Service Name of the organization LEAGUE

Employer identification number 91-2064912

(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity Legal domicile (state or foreign country)		or Total inco	ome End of year				
	_							
II Identification of Related Tax-Exempt Organizations during the tax year) (a) Name, address, and EIN of related organization	(b) Primary activity	on answered "Yes" to Form 990 (c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity	or more related tax-exe (f) Direct controlling entity	Section cont	g) 512(b trolled	
or rolated organization		Toreign country)	30011011	501(c)(3))	Citaly	Yes	<u> </u>	
RERS' INTL UNION OF NORTH AMERICA DC OF	LABOR UNION (DISTRICT						T	
AGO - 36-1264224, 999 MCCLINTOCK DR., PE 300, BURR RIDGE, IL 60527	COUNCIL)	ILLINOIS	501(C)(5)				x	
		ILLINOIS	501(C)(5)				×	
		ILLINOIS	501(C)(5)				2	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

LABORERS' POLITETONE ACTION & EDITON

232162 12-10-12

Schedule R (Form 990) 2012 LEAC		ICAL	ACTION &	EDUCAI	1014							91-	206	491	2 _	Page 2
Part III Identification of Related Organizations treated as a p	rganizations Taxable artnership during the t	as a Partn ax year)	ership (Complete i	f the organi	zation answe	ered "Ye	es* to Forr	n 990, P	art IV, line	34 be	cause	rt had one or	more	relate	d	
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomii (related excluded fi	(e) nant income unrelated, om tax under s 512-514)	Share	(f) e of total come	Sh end	(g) are of of year sets	Dispro	h) portion- cations?	(i) Code V-U amount in I 20 of Scheo K 1 (Form 1	oox	managır partner	Perce own	k) entage ership
									_							
	- - -															
Part IV Identification of Related Or organizations treated as a co	rganizations Taxable proporation or trust duri	as a Corpong the tax	l oration or Trust (C year)	omplete if t	he organızat	ion ansi	wered *Ye	s* to For	m 990, Pa	art IV, I	ine 34	because it h	ad on	e or m	ore rela	ated
(a) Name, address, and b of related organization	(a) , address, and EIN		(b) Primary activity		(d) Direct controlling		(C corp, S corp,		(f) Share of total income			(g) Share of end of-year	(h) Percenta ownersh		B 512	tion b)(13) rolled hty?
				foreign country)			or tn	JST)			+-	assets	_			No
								-	<u>, , , , , , , , , , , , , , , , , , , </u>		-		-			
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule No 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV? a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1đ e Loans or loan guarantees by related organization(s) 1e f Dividends from related organization(s) g Sale of assets to related organization(s) 19 h Purchase of assets from related organization(s) 1h r Exchange of assets with related organization(s) 11 1 Lease of facilities, equipment, or other assets to related organization(s) 1 k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) 11 m Performance of services or membership or fundraising solicitations by related organization(s) 1m n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n o Sharing of paid employees with related organization(s) 10 p Reimbursement paid to related organization(s) for expenses 1p q Reimbursement paid by related organization(s) for expenses 1q r Other transfer of cash or property to related organization(s) 1r s Other transfer of cash or property from related organization(s) 1s 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of other organization (c) Amount involved (d) Transaction Method of determining amount involved type (a s) (1) (3) (4)

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(b)	(c)	(d)	(e) Are a partners 501 (c) orgs)	(f)	(g)	(h)	(1)	ű		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Art a partners	III Sec	Share of	Share of	Dispi	rogor	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	el or f	Percentage
of entity		(state or foreign	excluded from tax	501(c) orgs	(3)	total	end of year	afloca	naie tions?	amount in box 20 of Schedule K-1	partn	er?	ownership
		country)	under section 512-514)	Yes I	No.	income	assets	Yes	No	(Form 1065)	Yes	NO	
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Schedule F	Supplemental Information	91-2004912 Page 5
Part VII	_ Supplemental Information	
	Complete this part to provide additional inform	ation for responses to questions on Schedule R (see instructions)
		